



HAWAII STATE ETHICS COMMISSION STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII STATE ETHICS COMMISSION

REF	ORT YEAR: 201	3	Amended Stateme	nt		
For t	obbying Reporting Pe	eriod: January 1 -	– last day of February	March 1 - April 3	30 May	1 - December 31
ORC	SANIZATION INFO	RMATION				
Dol	lar Financial Gro	oup, Inc.		Pa	ul W. Hallma	an
Orga	anization Name		Contact Person			
c/o	MultiState Asso	ociates Inc.				
515	King Street, Su	ite 300				
Mail	ing Address (Numbe	er and Street or P.O. B	ox)			
Ale	xandria			ÁΑ		22314
City				State		Zip Code
•	3) 684-1110		ccastro@mu	ıltistate.com		
Tele	phone	Extension	Email Address			
PAF	T I. TOTAL EXPE	NDITURES	•			
						Total Amount
1	Preparation & Dis	tribution of Lobbying	Materials		1	0.00
2	Media Advertising				2	0.00
3	Postage				3	0.00
4	Compensation Pa	id to Lobbyists (Atta	ched Additional Sheets	s As Needed)		
	List the names of all lobbyists and compensation paid to lobby Lobbyist Name			Compensation Pai	d	
	A. John H. Radcli	ffe			296.68	
	B. George "Red"	A Marris			296.68	
						
				_		
						593.36
5	Fees Paid to Cons	- sultants (other than t	o Lobbyists)		5	0.00
6	Entertainment & E	vents	· · · · · · · · · · · · · · · · · · ·		6	0.00
7	Receptions, Meals	s, Food & Beverages	3		7	0.00
8	Gifts				8	0.00
9	Loans				9	0.00
10						0.00
	Add lines & House	anh 40		T_4_1 =		593.36
	Add lines 1 throt	agii 10		rotai Exp	enaitures 🟲	293.30

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY
List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address			Amount or Value
n/a			0.00
· · · · · · · · · · · · · · · · · · ·			
Check here if addition	onal sheets are attached		· · · · · · · · · · · · · · · · · · ·
	URES OF \$150 OR MORE P	ER PERSON n of \$150 or more per person during the	statement period.
Name & Address			Amount or Value
n/a			0.00
Check here if addition	nal sheets are attached		
	·•	•	
PART II. CONTRIBUTION List all contributions received for the		n of \$25 or more per person during the	statement period.
Name & Address			Amount or Value
n/a			0.00
		· · · · · · · · · · · · · · · · · · ·	
	(
	•		
Check here if addition	nal sheets are attached		
PART III. SUBJECT AREA	AS OF LODDVING	 :	
		orted or opposed during the statement p	period:
Agriculture	Education	Human Services	Science, Technology &
		4	Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
	1		
I hereby certify that the statem	nexts made above are correct and	d complete to the best of my knowl	edge
1/1/19	Ch -	- 2	101112
Signature of Authorized Person			101110
Paul W. Hallman		Presiden	†
Print Name		Title	····
· · · · · · · · · · · · · · · · · · ·		Tiue	Page 2 of 2